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CONFIRMATION NO. 3878

<b>SERIAL NUMBER</b> 09/658,736	<b>FILING OR 371(c) DATE</b> 09/11/2000 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3737	<b>ATTORNEY DOCKET NO.</b> ML-0414DIV
<b>APPLICANTS</b> James M. Zavislan, Pittsford, NY;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 08/942,431 10/01/1997 PAT 6,424,852 which claims benefit of 60/028,847 10/18/1996 <i>ML</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>ML (none)</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 10/19/2000				
<b>** SMALL ENTITY **</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 25
<b>INDEPENDENT CLAIMS</b> 4				
<b>ADDRESS</b> 24902				
<b>TITLE</b> <i>and method</i> System for confocal imaging within dermal tissue				
<b>FILING FEE RECEIVED</b> 999	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	